

ARIZONA DEPARTMENT OF HEALTH SERVICES
Office of Child Care Licensing

CRITICAL AREAS CHECKLIST
Child Care Group Home Rules Instrument

Pursuant to A.R.S. §36-897.06(E) "The department shall develop an instrument that documents compliance and noncompliance of child care group homes according to the criteria prescribed in its rules governing child care group home certification. Blank copies of the instrument, which shall be in standardized form, shall be made available to the public."

Home:	SGH-	Date:	Page 1 of 3
Statute or Rule:	C NC N/A NE	Comments	
A.R.S. § 36-897.03.A.B Child care personnel shall apply for a <i>Fingerprint Clearance Card</i> within seven working days of employment. Notarized affidavit on file.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
A.R.S. § 36-897.01.H. Certificate conspicuously posted for viewing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-302 Provider Qualifications and Responsibilities A.3. Use the home as principal place of habitation C.7. Child care provided only in certified areas C.11. Post: a. Certificate e. hours of operation b. name of provider f. weekly menu c. name of assistant provider d. notice of inspection availability, Departments address/phone number C.13. Children supervised at all times C.17. At least one staff with current first aid and CPR certification C.18. Staff record of arrival/departure times each day C.20. Department notified of closure 72 hours in advance C.22. Department notified of injury, death, damage to home or vehicle, loss of utility, loss of a child, fire, emergency response, denial, revocation or suspension of a fingerprint clearance card	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-303 Staff Member Qualification 2.a. Unsupervised personnel at least 18 years of age and have a high school diploma or equivalency 9. Complete training within 10 days of start date 10. Complete 12 clock hours or one credit hour of annual training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-304 Resident Qualifications	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-305 Recordkeeping Requirements A.1 Staff member file A.3. Enrolled child file A.2. Non-staff-member resident file A.6.7. Smoke detector test log & fire drill log	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-306 Facility Staffing 1. 1 to 5 enrolled children, provider or assistant present & actively involved 2. 6 to 10 enrolled children, one additional adult staff member present & actively involved	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-307 Enrollment of Children B.1. Emergency Information and Immunization Record Card (EIIRC) C.1.2. Custody papers obtained and noted on EIIRC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-308 Enrolled Child Immunization Requirements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-309 Insurance Requirements	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-310 Admission and Release of Enrolled Children B. Verification prior to self-admit/release D. No admittance of child if presence will cause home to exceed certified capacity	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-311 Illness and Infestation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-312 Suspected Abuse or Neglect of an Enrolled Child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-313 Administration of Medication A. Medication policy C. Injection permitted/authorized indiv. B. One designated staff in writing D. Old medications returned/disposed B.3. Written authorization from parent E. Locked medication storage B.4. Record of medications administered F. No stock medication	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-314 First Aid Kit (Accessible to staff but not to children) 1. Adhesive bandages of assorted sizes 5. Disposable resealable plastic bags of at least one-gallon size 2. Antiseptic solution or sealed antiseptic wipes 6. Scissors 3. Sterile gauze pads 7. Medical tape 4. Disposable medical-grade gloves	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Provider Initials_____

SGH-		Date:	Page 2 of 3
Statute or Rule:	C NC N/A NE	Comments	
R9-3-315 Accident, Emergency. Or Serious Injury Procedure	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-401 General Program and Equipment Standards 1. Health, safety or welfare of an enrolled child is not endangered 3. Equipment maintained in good repair and free from hazards 4. Sufficient play materials & equipment 5. Children cleaned as necessary after a meal or activity 6. Program structured and weekly schedule 8. Written consent for swimming 9. Drinking water available/accessible	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-402 Supplemental Standards for Resting or Sleeping 6. Crib requirements met 7. Each bed mattress, cot, mat completely covered with a clean sheet or similar covering	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-403 Supp. Stand. for Care of Enrolled Inf. ,1 or 2 Year Old Child 1. Each infant, 1 or 2 year old is held & spoken to by staff throughout the day 2. Immediate response to distress signals of an infant, 1 or 2 year old	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-406 Supp. Stand. For Care of Enrolled Special Needs Child	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-407. Supplemental Standards for Evening and Night-time Care 1. Bed, cot or crib provided	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-408 Toilet Training	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-409 Discipline and Guidance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-410 General Nutrition and Menu Standards F. Specific dated menu posted, substitutions noted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-411 General Food Service and Food Handling Standards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-412 Transportation of Enrolled Children B.1. A copy of the EIIRC for each child in the vehicle during transportation B.5. Driver is an adult staff member, has a current AZ driver's license, has current first aid & CPR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-413 Field Trips	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-501 General Physical Environment Standards B. Rooms used by enrolled children maintained between 68° and 82° F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-502 Outdoor Activity Area Standards A.4. Shade provided A.6. 6 inches of resilient surface or foam or rubber mats under and around play equipment A.7.b. Equip. 48" or taller anchored securely below the ground under resilient surface or green grass A.7.c. Equip. 48" or less over green grass or resilient surface B.1. Only enrolled children, staff members, provider's children, & child friends of provider's children are permitted in an outdoor activity area during outdoor activities	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-503 Swimming Pool Standards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-504 Fire and Safety A.2. Smoke detectors installed in required locations A.4. Two portable fire extinguisher rated 2A-10-BC, one mounted in kitchen A.7. Unused electrical outlets covered with a safety plug or insert A.12. Annual gas inspection A.15. Space heaters or portable heaters not used A.17. No candle or incense burned during hours of operation B. Log of smoke detector battery test done monthly C. Posted fire evacuation plan D. Fire drills conducted monthly and logged	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
R9-3-505 General Safety Standards C.3. Guns and ammunition locked, inaccessible and out of view C.4.5. Telephone available and emergency information and numbers posted C.6.7 Hazardous materials and flammable liquid stored in original containers and locked C.9. Fans inaccessible and permanently mounted C.10. Poisonous plants inaccessible C.13. Enrolled children not permitted on trampoline or have access to a trampoline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Provider Initials_____

